

# Part C Evaluation and Assessment Questions and Answers



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And Substance Abuse Services  
On Behalf of Virginia's Early Intervention Program

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## Evaluation and Assessment

### 1. What is the difference between evaluation and assessment?

According to Part C regulations, (Sec.303.322 Evaluation and Assessment, (b) Definitions of evaluation and assessment...), (1) *Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.* (2) *Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify (i) the child's unique strengths and needs and the services appropriate to meet those needs; and (ii) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.*

The initial Part C multidisciplinary evaluation and assessment combine elements of evaluation and assessment and serves the following purposes:

- To determine whether the child meets the Part C eligibility criteria
- To gather baseline information about the child's level of functioning and unique strengths and needs in each of the following developmental areas: cognitive, physical (including gross motor, fine motor, vision and hearing), communication (including receptive and expressive language), social or emotional and adaptive development. This information provides a basis for identifying appropriate outcomes in accordance with the family's priorities for their child and themselves and then determining early intervention services needed to meet those outcomes.

Throughout the child's and family's participation in Part C, service providers assess the child's progress on an ongoing basis to determine response to intervention, progress toward outcomes and progression of the child's developmental and functional skills. This ongoing assessment occurs within the course of service provision.

### 2. Must all children who are referred to Part C receive an evaluation and assessment?

Not all children who are referred to the local Part C system will receive an evaluation and assessment. The following are two situations in which the child would not receive an evaluation and assessment: (1) the child is referred to the local Part C system but the parent(s) declines the initial evaluation/assessment; and (2) the child is referred to the local Part C system without a previous screening and screening completed by the local Part C system indicates that a multidisciplinary evaluation and assessment are not needed at this time. In this case, the parents must be given the *Parental Prior Notice* form indicating that an evaluation and assessment is not necessary. Please note that screening is not federally required and may not be used to delay the 45-day timeline. Localities are encouraged to develop collaborative, interagency systems of child find, including screening, so that children who are referred to the Part C system are mostly those who will require a multidisciplinary evaluation and assessment.

For those children who will be eligible due to a diagnosed physical or mental condition and those for whom a screening (completed either prior to or after referral to the local Part C system)

determines the need for evaluation and assessment, a multidisciplinary evaluation and assessment are conducted, with prior parental consent, in order to determine and document eligibility and identify developmental strengths and needs. When evaluation and assessment are needed, remember that any existing evaluation data less than six months old must be reviewed by the evaluation team, with parental consent, to determine if that existing evaluation data is appropriate for inclusion in determining eligibility. Therefore, depending on what evaluation data already exists, it may not be necessary to complete new evaluations/assessments in all areas of development.

Children may also be referred to the local Part C system from another locality within Virginia or from another state where they are already receiving Part C services. For children moving within Virginia, services identified on the current IFSP remain in effect until the receiving community can conduct an Individualized Family Service Plan (IFSP) review, if necessary. No evaluation/assessment is needed at referral in order to continue services and, in fact, evaluation/assessment cannot be conducted without an IFSP review to revise the provisions of the existing Virginia IFSP. For children with a completed IFSP moving to Virginia from another state, eligibility for Part C services in Virginia must be established prior to implementation of the IFSP in Virginia. Existing evaluation data as documented on the out-of-state IFSP should be used for eligibility determination, as appropriate. If available information is not sufficient to determine eligibility, additional evaluation may be needed. If a child entering Virginia's Part C system with an out-of-state IFSP is clearly eligible in Virginia due to a diagnosed condition, then an interim IFSP should be used to document those services needed immediately. The services listed on the interim IFSP may then begin while all pertinent information related to the child is being reviewed and a full Virginia IFSP is being developed.

**3. After the initial evaluation and assessment, how does the IFSP team determine whether additional evaluation is necessary based on the outcomes identified by the family? If the team determines that additional evaluation is needed, is Part C responsible for paying for that additional evaluation? Can the provider who performs the additional evaluation initiate new services without having an IFSP review?**

A service provider or parent, during the course of intervention, might identify the need for additional evaluation. This may occur as the service provider gets to know the child and family better. For example, a special instructor might notice that the child is having unusual difficulty going up and down steps and may be concerned that there is an underlying problem affecting the child's muscles and balance. The special instructor may recommend an evaluation by a physical therapist or physician. An additional evaluation or re-evaluation may be appropriate when a child has had a major medical event that has clearly impacted the child's developmental status.

Regardless of when or how the need for additional evaluation is identified, it occurs within the context of the IFSP process. An additional evaluation or a consult by a team member not currently providing services is a new Part C service, and whenever there is to be a change in the child's services an IFSP review must be conducted. Therefore, any time an additional evaluation, re-evaluation or new consult is recommended, an IFSP review must be held and parents must sign the revised IFSP (which lists the additional evaluation, re-evaluation or consult) before that additional evaluation, re-evaluation, or consult can be conducted. At a minimum the IFSP review (which does not have to be a face-to-face meeting) must include the parent(s); any other friend or family member(s) requested by the family; the service coordinator; and any direct service providers as appropriate. The decision to conduct an additional evaluation is a team decision made by the IFSP

review team. Likewise, the IFSP review team must review the results of any additional evaluation and make decisions to change any outcomes or services as necessary.

Any evaluation or assessment conducted under Part C (regardless of whether it is the initial evaluation/assessment or a subsequent one) must be provided at no charge to the family. Private insurance plans may not be billed for evaluation and assessment since these services are provided at no cost to families. While Medicaid reimburses for initial evaluations, Medicaid only reimburses for re-evaluation if there has been a break in service or if there is a change in the child's medical condition that causes the initial evaluation to become invalid.

#### **4. Must more than one test instrument/tool be used for the developmental evaluation and assessment?**

According to federal regulations, Sec. 303.323 Nondiscriminatory procedures:

*(c) No single procedure is used as the sole criterion for determining a child's eligibility under this part.* As indicated in Virginia's Part C Policies and Procedures, appropriate methods and procedures for evaluation and assessment include the use of standardized measures of child health and development; interviews and discussions with families; observations of the child in natural settings; play-based assessment; transdisciplinary arena assessment; and a variety of other methods and procedures. The evaluation and assessment of each child must also be *based on informed clinical opinion* (34 CFR 303.322(c)(2)) and such opinion may be reached through a variety of methods and procedures as well (e.g. interviews with parents; evaluation of the child at play; observation of parent-child interaction; information from other care providers; and neurodevelopmental or other physical examinations). A *review of pertinent records* (34 CFR 303.322(c)(3)(i)) and existing evaluation data less than 6 months old are required elements of the evaluation and assessment process under Virginia's Part C Policies and Procedures as well.

The administration of a single test or instrument cannot be the only method or procedure by which eligibility is determined or through which evaluation and assessment are completed. The evaluation and assessment process might include (and eligibility based on) administration of a standardized test instrument, informed clinical opinion based on interviews with the parents, observation of the child during play at the child care center he attends, and a review of the child's medical records. Determination of what evaluation and assessment instruments and procedures are used should be based on the unique circumstances of each child and family.

While administration of a single test or instrument cannot be the only method or procedure by which eligibility is determined, use of multiple tests or instruments should be limited to those essential for determination of eligibility and intervention planning. Use of multiple tests or instruments to evaluate and assess each area of development (e.g. 3 different tests related to language, 2 motor instruments, etc.) becomes intrusive and overwhelming for children and families. The use of the same extensive battery of tests for every child may be an indication that the evaluation and assessment is not being individualized based on each child's and family's needs.

#### **5. Can informed clinical opinion be used as a stand-alone tool for the whole evaluation or for parts of the evaluation?**

According to the federal regulations (Sec.303.322 Evaluation and assessment, (c) Evaluation and assessment of the child), the evaluation and assessment of each child must:

- (1) be conducted by personnel trained to utilize appropriate methods and procedures
- (2) be based on informed clinical opinion; and
- (3) Include the following:
  - i. A review of pertinent records related to the child's current health status and medical history and
  - ii. An evaluation of the child's level of function in each of the following developmental areas:
    - A. Cognitive development
    - B. Physical development, including vision and hearing (and fine motor and gross motor, in Virginia)
    - C. Communication development
    - D. Social or emotional development
    - E. Adaptive development
  - iii. An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

In addition, Virginia Policies and Procedures for Part C note that informed clinical opinion makes use of qualitative and quantitative information to assist in forming an eligibility determination regarding difficult-to-measure aspects of current developmental status. Use of informed clinical opinion as a separate basis for establishing eligibility helps assure that children needing early intervention services will be appropriately identified at the earliest possible age.

According to the Office of Special Education Programs (OSEP) in written communication to Arkansas, 2000, "using informed clinical opinion to establish eligibility for Part C services is especially important if there are no standardized measures or if the standardized procedures are not appropriate for a given age or developmental area."

To summarize, informed clinical opinion is only one element of the requirements for evaluation and assessment. Based on the federal regulations and state policies and procedures, a review of pertinent records and the use of other appropriate methods and procedures (like those discussed in question 4, above) are also required. As noted in the previous question, no single "procedure" can be used as the sole criterion for determining a child's eligibility. However, as indicated in OSEP communication, informed clinical opinion may be the basis upon which the eligibility decision is made (though it would not be the only "procedure" that was used for the evaluation and assessment of the child).

## **6. How and how often are providers required to document continued eligibility?**

The need for re-evaluation to document continued eligibility is determined on an individual, as-needed basis for each child. Please note that re-evaluation/assessment is **not** a requirement of the 6-month or annual IFSP review. The service providers will know the child's level of functioning through their ongoing assessments during intervention. If a service provider(s) and/or the family have a question about whether the child is continuing to meet eligibility criteria, then a re-evaluation for determination of continued eligibility is appropriate. Since this re-evaluation would be a new service, an IFSP review must be held. If the team agrees through the IFSP review that re-evaluation is needed, then that additional service and parental consent for that service are documented on the IFSP. The re-evaluation is at no cost to the family and cannot be billed to private insurance

companies. While Medicaid reimburses for initial evaluations, Medicaid only reimburses for re-evaluation if there has been a break in service or if there is a change in the child's medical condition that causes the initial evaluation to become invalid.

**7. If a re-evaluation is determined to be necessary, must that re-evaluation be multidisciplinary/interdisciplinary/transdisciplinary (i.e. must at least two disciplines be involved)?**

Although the initial evaluation/assessment must always involve two or more disciplines, subsequent evaluations may not. If the additional evaluation is conducted to follow-up on questions/concerns that arise during the course of service provision (see question 3), then the evaluation need only involve the discipline in which there are developmental concerns. Similarly, if the IFSP team feels it is necessary to re-evaluate the child for purposes of reviewing or evaluating (annually) the IFSP, Part C regulations and Virginia's Policies and Procedures state that "...certain evaluation procedures may need to be repeated..." However, a multidisciplinary evaluation is not required for re-evaluation before an IFSP review or annual evaluation of the IFSP.

Please note, though, that if the IFSP team determines that a full re-evaluation is needed (e.g. in the case where a child has experienced a major medical crisis that has resulted in significant loss of developmental skills or has had surgery that has drastically improved function), then that full re-evaluation must be conducted using two or more disciplines.

Any evaluation conducted under Part C (regardless of whether it is the initial evaluation or a subsequent one) must be provided at no charge to the family. Private insurance plans may not be billed for evaluation and assessment since these services are provided at no cost to families. While Medicaid reimburses for initial evaluations, Medicaid only reimburses for re-evaluation if there has been a break in service or if there is a change in the child's medical condition that causes the initial evaluation to become invalid.

**8. Must developmental levels be listed on the annual IFSP to document the child's current developmental status and continued eligibility? If not required, what information should be provided on that page for the annual IFSP?**

The federal Part C regulations for the annual evaluation of the IFSP are as follows:

*A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Section 303.322(c) and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided. (34 CFR 303.342(c)).*

The annual meeting described above is intended to evaluate, and revise as appropriate, the IFSP. Re-evaluations of the child are not required or recommended on any standard schedule, but should be done on an as-needed basis as determined by the IFSP team and based on the unique needs and circumstances of each child and family. (The answer to number 6 above describes the use of re-evaluation to determine continued eligibility.)

Early intervention service providers should be able to provide a statement/description about the child's level of functioning in all of the developmental areas based on their intervention, observation and ongoing assessment of the child. (There are a variety of scales and instruments that can be used by any discipline to assess the child's function in each of the developmental areas). In completing page 3 of the IFSP form for the annual IFSP, documentation must include a statement concerning the child's skills in each of the developmental areas, but documentation of specific age levels in each area is optional. (Age levels are required on the initial IFSP as a part of the documentation of eligibility).

## **9. Is a re-evaluation needed when a child may no longer be eligible for Part C?**

If the local system believes a child is no longer eligible, then there is a need for an IFSP review. The providers serving the child and family should know the child's skill levels in each developmental area based on their ongoing assessment. If the IFSP team has a question about whether the child remains eligible, it is appropriate to do a re-evaluation (this may be a full re-evaluation or re-evaluation in just a certain area(s) of development – see Question 7 above). If the team agrees through the IFSP review that re-evaluation is needed, then that service and parental consent for that service are documented on the IFSP. If existing assessment information or (if needed) any re-evaluation results indicate that the child is no longer eligible for Part C under Virginia's definition of eligibility, then the family must be given the *Parental Prior Notice* form with "Your child is not eligible for Infant and Toddler Connection of Virginia" marked. This completed form must be provided to the family at least 10\* calendar days before early intervention services are terminated due to ineligibility. The family would also receive their last copy of Notice of Child and Family Rights in the Infant and Toddler Connection of Virginia Part C Early Intervention System, which outlines their options if they decide to dispute this action, and would sign that they have received and understand these rights. As with any change in early intervention, termination of services should be planned and should include adequate planning and communication, as well as transition activities and referrals as appropriate for the individual child and family.

\* Although Virginia's current policies and procedures require notice at least 10 days prior to changing or terminating early intervention services, a proposed revision to a 5-day notice is currently under review by the Office of the Attorney General.